

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 175536

FILED
Mar 17, 2011
Secretary of State

Entity Name: ASSOCIATED INDUSTRIES INSURANCE COMPANY, INC.

Current Principal Place of Business:

901 N.W. 51ST STREET
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

P.O. 812319
BOCA RATON, FL 334812319 US

New Mailing Address:

FEI Number: 59-0714428

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: PACHECO, ELISSA
Address: 901 NW 51ST ST
City-St-Zip: BOCA RATON, FL 33431 US

Title: T
Name: HEITZ, KERRY J
Address: 901 NW 51ST ST
City-St-Zip: BOCA RATON, FL 33431 US

Title: D
Name: MILLER, JAY J
Address: 430 EAST 57TH STREET
City-St-Zip: NEW YORK, NY 10022

Title: D
Name: DECARLO, DONALD T
Address: 1979 MARCUS AVENUE SUITE 210
City-St-Zip: LAKE SUCCESS, NY 11042

Title: D
Name: ZYSKIND, BARRY D
Address: 59 MAIDEN LANE, 6TH FLOOR
City-St-Zip: NEW YORK, NY 10038

Title: SD
Name: UNGAR, STEPHEN B
Address: 59 MAIDEN LANE 6TH FLOOR
City-St-Zip: NEW YORK, NY 10038

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEPHEN UNGAR

SD

03/17/2011

Electronic Signature of Signing Officer or Director

Date